STATE OF MARYLAND—CERTIFICATE OF DEATH

06554

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (23-G)

County Dorsetty Registration Dist. No. 162

Village or City Grantsville No. St., Ward

(If death occurred in a horpital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME JOHN-WESLEY-BAKER

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5e. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Mary Yought Baker

6. DATE OF BIRTH (month, day and year): July 13-1855

7. AGE: Years 84 Months 11 Days 29 If LESS than 1 dey, hrs. or min. 10

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Retired

10. Date deceased last worked at this occupation (month and year): 1933

11. Total time (years) spent in this occupation: 62

12. BIRTHPLACE (city or town) (State or country): Dorsett Co. Md

FATHER

13. NAME: Solomon Baker

14. BIRTHPLACE (city or town) (State or country): Somerset Co Penna

MOTHER

15. MAIDEN NAME: Elizabeth Custer

16. BIRTHPLACE (city or town) (State or country): Dorsett Co. Md.

17. INFORMANT: Mrs. P. Baker (Address) Grantsville Md

18. BURIAL, CREMATION, OR REMOVAL: Place Grantsville Date June 15, 1940

19. UNDERTAKER: Stanley M Thomas (Address) Salisbury Penna

20. FILED June 13, 1940. Clyde F. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: June (Month) 12 (Day), 1940 (Yeer)

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1940 to June 12, 1940

That I saw him alive on June 10, 1940 deeth is said to heve occurred on the dete stated above, at 3:00 a.m.

The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:

	Date of onset
Cerebral Haemorrhage	June 7
Other Contributory Causes of Importance: Arteriosclerosis	

Name of operetion Date of

What test confirmed diegnosis? Wes there an eu'opsy? No

23. If deeth wes due to external causes (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide? Dete of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Wes disease or injury in eny wey releted to occupation of deceased? No

If so, specify

(Signed) H. N. Davis M. D.

(Address) Grantsville Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (182)

CERTIFICATE OF DEATH

Reg. Dist. No. 166 — 06555

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Garrett

City or town: Oakland, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: W Va. County:

City or town: Earnshaw Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.:
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Infant Dawson.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 26th 1940

8. AGE:

Years	Months	Days	If less than one day
			10 hrs. 30 min.

9. Birthplace: Oakland, Md.
(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: Ray Dawson.
13. Birthplace: West Va,

MOTHER
14. Maiden name: Johanna Anderson.
15. Birthplace: West Va.

16. Informant: Ray Dawson.
Address: Earnshaw, West Va.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 28th 1940 (month) (day) (year)

Cemetery or crematory: Earnshaw West Va.

Location: Earnshaw, West Va.

18. Funeral director: Emroy D. Bolden.
Address: Oakland, Md.

19. June 28 1940 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 27 1940 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 26 1940 to June 27 1940 and that I last saw her alive on June 27 1940.

Immediate cause of death: Suffocation; accidental, cwb.

DURATION

Due to: Prematurity of infant

Due to: Unknown

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Dt operations:

Dt autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accidental No Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: E. Irving Baumgartner M.D.
M. D. or other

Address: Oakland, Md. Date signed: 6/27/40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (127-a)

06556

CERTIFICATE OF DEATH

Reg. Dist. No. 164

1. PLACE OF DEATH:

County Garrett

City or town Rural Near accident
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 64 y

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Garrett

City or town Rural Near accident Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR — —

3. (a) FULL NAME Louisa Mathilda Glass.

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Ira C. Glass

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24 - 76

8. AGE: Years 64 | Months — | Days 14 | If less than one day hrs. min.

9. Birthplace Rural Near accident Md
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Philip Miller
13. Birthplace Md

MOTHER
14. Maiden name Mary Haupt
15. Birthplace Md

16. Informant Ira C. Glass

Address accident RD Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-9-1940 (month) (day) (year)

Cemetery or crematory Accident Cemetary

Location Accident Md

18. Funeral director Wm Winterberg

Address Grantsville Md

19. June 8 1940 (Date rec'd by registrar) A. J. Richter Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1940, at 2 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 6 1940, to June 7 1940, and that I last saw her alive on June 6 1940.

Immediate cause of death	DURATION
Pulmonary embolus	1 day
Due to Pelvic thrombo phlebitis	6 wks.
Pulmonary embolus: not due to accident;	
Due to did not follow an operation C.W.G.R.	
Chronic cholecystitis	5 yrs.
Other conditions Brachial Embolus rt arm	5 wks.
Gangrene rt. thumb & index fingers	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Eugene Greenwald, MD
M. D. or other

Address Friendsville, Md Date signed 6-7-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (I)

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JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

06557

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Garrett

City or town: Mountain Lake Park.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Unknown

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland. County: Garrett

City or town: Mountain Lake Park, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: William R. Mealy.

3. (b) Social Security Number: No

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married,

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 25th, 1858.

8. AGE: Years	Months	Days	If less than one day
82	11	9	hrs. min.

9. Birthplace: Virginia.
(Town, county, and state)

10. Usual occupation: Drug Salesman.

11. Industry or business

FATHER — 12. Name: Gorden N. Mealy

13. Birthplace: Unknown

MOTHER — 14. Maiden name: sarah Clark.

15. Birthplace: Maryland.

16. Informant: Mrs. Wm. Mealy.

Address: Mt. Lake Park, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 7th, 1940 (month) (day) (year)

Cemetery or crematory: Boggs Cemetery.

Location: Near Ivydale, W. Va.

18. Funeral director: Emroy D. Bolden.

Address: Oakland, Md.

June 4/ 1940 Julia Rowan
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 d, 1940 at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 3 1940

and that I last saw him alive on June 3 1940

Immediate cause of death	DURATION
Chronic Myocarditis	10 yrs
Due to	
Due to	
Other conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. C. Hinebaugh M. D. or other

Address Oakland Md Date signed June 3rd

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

06558

Reg. Dist. No. 168

1. PLACE OF DEATH:

County Garrett

City or town Rural Near Finzel
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Garrett

City or town Rural - Near Finzel Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Baby Minnick

3. (b) Social Security Number —

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced —

6 (b) Name of husband or wife —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 14 1940

8. AGE: Years | Months | Days | If less than one day

Stillborn hrs. ____ min.

9. Birthplace Rural - Near Finzel
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Arnel Minnick
13. Birthplace Frostburg Md

MOTHER
14. Maiden name Mary ~~McKenzie~~ Raley
15. Birthplace Garrett Co

16. Informant Arnel Minnick

Address RFD #2 Frostburg Md

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof June 14 - 40
(month) (day) (year)

Cemetery or crematory Finzel Cemetery

Location Finzel Maryland

18. Funeral director (father)

Address R-2 Frostburg, Md

19. June 14 1940 Thomas Crowe
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1940, 3:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Stillborn 19 to 19 ,

and that I last saw h alive on 19 ,

Immediate cause of death Death of Foetus in utero

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. O. McLane Jr. MD
M. D. or other

Address Frostburg Md Date signed 6-14-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUL 3 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

06559

CERTIFICATE OF DEATH

Reg. Dist. No. 168

1. PLACE OF DEATH:

County Garrett Co

City or town Near Finzel Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Garrett

City or town Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Salisbury Pa. RD1, Box 44
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME (BABY) MINNICK

3. (b) Social Security Number

4. Sex F

5. Color or race W

6. (a) Single, married, widowed, or divorced —

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/5/40

8. AGE: Years STILL BORN | Months 0 | Days | If less than one day — hrs. 0 min.

9. Birthplace Near Finzel. Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name James Albert Minnick
13. Birthplace Garrett Co. Maryland

MOTHER
14. Maiden name Blanche Howard
15. Birthplace Garrett Co. Md

16. Informant James A. Minnick
Address ~~Frostburg, Md~~ R-1 B-41 Salisbury Pa

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof June 5. 1940
(month) (day) (year)

Cemetery or crematory Johnson Cemetery

Location Garrett Co. Md

18. Funeral director Jacob Hafer

Address Frostburg. Md

19. June 5 1940 Thomas Crowe
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/5/40 19 , at M

21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from 6/5/40 19 , to 6/5/40 19 ,
and that I last saw her ~~alive~~ on 19

Immediate cause of death PREMATURITY 8 Mo.

Due to

Due to (STILL BORN)

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John Kilday M.D.
M. D. or other

Address Frostburg. Md Date signed 6/5/40

RECEIVED
JUL 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

06929

CERTIFICATE OF DEATH

Reg. Diat. No. 166

1. PLACE OF DEATH:

County Garrett

City or town Nr. Oakland. Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Garrett

City or town
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME James Peck

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Infant

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June, 5th. 1940

8. AGE: Years	Months	Days	If less than one day
			hrs. min.

9. Birthplace Nr. Oakland Maryland.
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER 12. Name Arthur George Peck

13. Birthplace Maryland.

MOTHER 14. Maiden name Leona Beatrice Pratt

15. Birthplace Nr. Oakland. Md.

16. Informant Arthur G. Peck (Father)

Address Oakland. Md. Star Route.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 7. 1940 (month) (day) (year)

Cemetery or crematory Thayerville. Cemetery ok

Location Nr. Thayerville. Md.

16. Funeral director Father* Arthur George Peck

Address Oakland. Md.

19. November 10 19 40 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1940, at 3 AM M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 5 1940, to June 6 1940 and that I last saw h... alive on June 5 1940

Immediate cause of death	DURATION
Asphyxiation Birth	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. E. Mance M.D.
M. D. or other

Address Oakland Md Date signed 10-10-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(over)

See letter from Julia Rowan explaining.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-21)

CERTIFICATE OF DEATH

CB 06560

Reg. Dist. No. 166

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County: Garrett

City or town: Mt. Lake Park, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Florida County:

City or town: St. Petersburg. Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.:
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No ✓

3. (a) FULL NAME: Ralph Leon Rand.

3. (b) Social Security Number: No.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower.

6 (b) Name of husband or wife: Adalade E. Rand.

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): January 22d, 1864.

8. AGE: Years	Months	Days	If less than one day
76	4	19	hrs. min.

9. Birthplace: Lisbon, Main e.
(Town, county, and state)

10. Usual occupation: Utility

11. Industry or business

FATHER 12. Name: Rueben E. Rand.

13. Birthplace: Portland, Maine.

MOTHER 14. Maiden name: Pauline Mon tfort.

15. Birthplace: France.

16. Informant: Mrs. Wesley Rudisill.

Address: Mt. Lake Park, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 12th, 1940 (month) (day) (year)

Cemetery or crematory: Oakland Cemetery.

Location: Oakland, Md.

18. Funeral director: Emroy D. Bolden.

Address: Oakland, Md.

19. 6-11-1940 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 10th, 1940 at 1:45 A. M. P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 7, 1940, to June 10 1940 and that I last saw him alive on June 7 1940.

	DURATION
Immediate cause of death: Cerebral hemorrhage	
Due to: Generalized arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Ralph P. Berger, M.D. M. D. or other

Address: Oakland, Md. Date signed: 6-12-40

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

06561

CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH:

County: Garett

City or town: Rural.Near.Grantsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or Inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 40.Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Garett

City or town: Rural.Near.Grantsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 7 Mile east of Grantsville
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Ada.Ravenscroft

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Wm Ravenscroft

6(c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.): Feb.14, 1867

8. AGE: Years	Months	Days	If less than one day
73	4	8	hrs. min.

9. Birthplace: Rural Near.Salsbury Pa
(Town, county, and state)

10. Usual occupation: House.Wife

11. Industry or business

FATHER — 12. Name: Henry Newman

13. Birthplace: Rural.Near.Salsbury Pa

MOTHER — 14. Maiden name: Barbra Schrock

15. Birthplace: Not knowen

16. Informant: Wm Ravenscroft

Address: Frostburg Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 25 1940 (month) (day) (year)

Cemetery or crematory: Mount Zion Cemetary

Location: 7.Mile.West of Frostburg On.R.40

18. Funeral director: Wm Winterberg

Address: Grantsville.Md

19. 6-24 1940 (Date rec'd by registrar) Clyde F. Bender Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 25 1940, at 11:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1939, to June 25 1940, and that I last saw her alive on June 20 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	2 Days
Due to arteriosclerosis	3
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations: no

Of autopsy: no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Wm Lane Jr MD M. D. or other

Address: Frostburg Md Date signed: June 23 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 8 1940
BUREAU V. S.

06562

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(97)

CERTIFICATE OF DEATH

Reg. Dist. No. 172

1. PLACE OF DEATH:

County: Garrett

City or town: (Rural) Swanton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 3Yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Garrett

City or town: Rural - Swanton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Benjamin Allan Sharpless

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Malissa Ellen Helmick

Lance Sharpless

6 (c) If alive, give age: 56 years

7. Birth date of deceased (mo., day, yr.): June 11, 1865

8. AGE: Years 75 Months 0 Days 10 If less than one day ___ hrs. ___ min.

9. Birthplace: Rural Garrett Co, Md. Near Shaw, W.Va.

(Town, county, and state)

10. Usual occupation: Coal Miner

11. Industry or business:

FATHER

12. Name: John Sharpless

13. Birthplace: (Rural) Elk Garden, W.Va.

MOTHER

14. Maiden name: Lucinda Davis

15. Birthplace: Near Vindex, Md.

16. Informant: Mr. Marvin Eugene Sharpless

Address: Kitzmiller, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 25, 1940 (month) (day) (year)

Cemetery or crematory: Mt. Zion, Cemetery

Location: Mt. Zion, Garrett Co., Md.

18. Funeral director: Otha F. Sharpless

Address: Blaine, W.Va.

19. 6/24 1940 (Date rec'd by registrar) A W Banick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 22 1940, at ___ M

21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from Dead at time of examination 19__, and that I last saw h___ alive on ___ 19__.

Immediate cause of death: Probable cause of death: Arteriosclerosis. Cause Jan 20-22-40

Exposure

Due to: Lost in woods - for two days - Infirmities of age resulted

Due to: exhaustion followed by death

Other conditions: Had been feeble-minded for a number of years.

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accidently wandered away from home Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: None Injured at work?

23. SIGNATURE: E. Irving Baumgartner M. D. or other

Address: Oakland Maryland Date signed: 6/24/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 1 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(937)

06563

Reg. Dist. No. 171

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Garett

City or town Rural, Near Jennings
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Garett

City or town Rural. Near. Jennings Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR *------

3. (a) FULL NAME Mary. Jane. Wilt

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Charles. Wilt

6(c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) June. 26 1859 ~~1910~~

8. AGE: Years 80 | Months 11 | Days L3 | If less than one day ---- hrs. ---- min.

9. Birthplace Near Barton. Md
(Town, county, and state)

10. Usual occupation House Wife

11. Industry or business

FATHER 12. Name Andrew. Jackson. Fasenbaker

13. Birthplace Rural Near Bittinger Md

MOTHER 14. Maiden name Jane. Fasenbaker

15. Birthplace Rural. Near. Bittinger Md

16. Informant Charles. Wilt

Address Jennings. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June II 1940 (month) (day) (year)

Cemetery or crematory Bittinger. Cemetary

Location Bittinger. Md

18. Funeral director Wm Winterberg

Address Grantsville Md

19. June 11 1940 (Date rec'd by registrar) J. B. Emory Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1940, at ---- M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 6 1940, to June 6 1940, and that I last saw her alive on June 1 1940

Immediate cause of death Hypertensive-cardio-Vascular disease — DURATION ?

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Alexander Solosko M.D.
M. D. or other

Address Grantsville Md. Date signed June 10 1940

ALEXANDER SOLOSKO, M.D.

RECEIVED
JUL 5 1940
BUREAU F. S.